

1423

STANDARD CERTIFICATE OF DEATH

1. Place of DeathCounty Mohave State ARIZONACity or Town Goldroad2. Full NameMATT SAMSKY

Address _____

Personal and Statistical Particulars

| | | |
|--|-------|--|
| Sex M | Color | Single, Married, Wid- owed or Divorced Married |
| Age _____ | | |
| Birthplace _____ | | |
| Burial, Cremation or Removal: Place _____ | | |
| Undertaker _____ | | |

Medical CertificateDate of Death April 1, 1902Cause Pneumonia

Duration _____

Doctor or Attendant

Filed _____

Registrar